TABLE - PEE(O) INMITORILLIAL

OCT 1 1 2005)		Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (571) 273-2885					
INSTRUCTIONS: This for appropriate. All further of indicated enless corrected maintenance the appropriate and indicated enless corrected maintenance the appropriate and indicated enless corrected enless correct	rin should be used for tran prespondence including the below or directed otherwise	smitting the ISSU Patent, advance or in Block 1, by (a	JE FEE and PUBLIC ders and notification o) specifying a new o	OATION FEE (if req of maintenance fees orrespondence addres	uired). Blocks 1 through 5 sl will be mailed to the current s; and/or (b) indicating a sepa	nould be completed where correspondence address as rate "FEE ADDRESS" for		
CURRENT CORRESPONDEN 20350 7	CE ADDRESS (Note: Use Block 1 for 07/07/2005 ND TOWNSEND AI	any change of address)		Note: A certificate of Fee(s) Transmittal. T papers. Each addition have its own certifica	of mailing can only be used for his certificate cannot be used for nal paper, such as an assignment the of mailing or transmission.	or domestic mailings of the for any other accompanying int or formal drawing, must		
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10/12/2005 DEMMANU2 00		7 9 9		Peggy A. Nic	(Depositor's name)			
02 FC:1504 300.	.00 DA .00 DA			October 7, 2	(Signature) (Date)			
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
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CFR 1.363). Change of correspond Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	ation (or "Fee Address" Indica or more recent) attached. Use	Correspondence	(1) the names of or agents OR, alte (2) the name of a registered attorne 2 registered paten listed, no name wi	single firm (having as y or agent) and the na t attorneys or agents. I Il be printed.	a member a 2nes of up to	and Townsend and C		
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PLEASE NOTE: Unless recordation as set forth in	s an assignee is identified be n 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will appear on t I a substitute for filin	he patent. If an assig g an assignment.	mee is identified below, the d	ocument has been filed for		
(A) NAME OF ASSIGN Semiconductor Man (Shangai) Corpora	nufacturing Internat	(B cional	RESIDENCE: (CIT Peoples Repub	Y and STATE OR CO lic of China	OUNTRY)			
Please check the appropriate	e assignee category or catego	ries (will not be pr	inted on the patent):	☐ Individual ☐	Corporation or other private gro	oup entity Government		
4a. The following fee(s) are	enclosed:	4b	. Payment of Fee(s):					
Issue Fee	0 25 12 3 25	15	_	nount of the fee(s) is e				
Publication Fee (No s Advance Order - # o	ed)	Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 20-1430 (enclose an extra copy of this form).						
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	(from status indicated above MALL ENTITY status. See	,	☐ b. Applicant is no	n longer claiming SMA	ALL ENTITY status. See 37 CI	FR 1 27(a)(2)		
					sly paid issue fee to the applica gistered attorney or agent; or th			
Authorized Signature	NA.				ober 7, 2005	. :		
Typed or printed name	Richard T. Ogawa		Registration No. 37,692					
This collection of informatican application. Confidential submitting the completed at this form and/or suggestion. Box 1450, Alexandria, Virginia 22313-	on is required by 37 CFR 1.3 ity is governed by 35 U.S.C. pplication form to the USPT s for reducing this burden, skinia 22313-1450. DO NOT 1450.	O. Time will vary tould be sent to the SEND FEES OR C	depending upon the Chief Information COMPLETED FORM	n or retain a benefit by is estimated to take 12 individual case. Any of fficer, U.S. Patent and IS TO THIS ADDRES	the public which is to file (and minutes to complete, includin comments on the amount of tir drademark Office, U.S. Departs. SEND TO: Commissioner at displays a valid OMB control	g gathering, preparing, and ne you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,		

Complete if Known Effective on 12/08/2004. ht to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/773,799 **Application Number** TRANSMITTAL February 6, 2004 Filing Date For FY 2005 Fumitake, Mieno First Named Inventor Calvin Lee **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 2818 Art Unit TOTAL AMOUNT OF PAYMENT (\$) 1715021653-004600US Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

1. BASIC FILING, SEARCH, AND EXAMINATION FEES SEARCH FEES Small Entity Fee (\$) Fee (\$)	FEE CALCULATION									
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